State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes WNo

(CFA-4) Summary Sheet

FIL				

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORM	MATION		
Full name of committee (as on Statement of Organization) Check if this is a new name			
JUDY LEVINE FOR COUNTY COU	NCIL		
2. Acronym or abbreviated name, if any	3. Committee	telephone number	sectored and frame it sectored
of special to expend to be letter out the energy self or extreme use installed	1 317	71842-392	9
4. Mailing address (address where all campaign finance correspondence is received) Chi	eck if this is a ne	ew address	to the best offer you pelester
5. City, state, ZIP code	6 Party affilia	ation (if applicable)	
FISHERS, IN 46038-1189		PUBLICAN	
CANDIDATE INFORMATION (For Cand.			ALCOHOLOGICA DE LA MARTINA
7. Full name of candidate (include any nickname)		ation or if independent	
JUDY R. LEVINE	1 3	PUBLICAN	
Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of		
COUNTY COUNCIL DISTRICT 2		MILTON	
TYPE OF REPORT	STRUCTURE	CONTRACTOR NAMED IN COLUMN TWO IS NOT THE OWNER.	N CANDIDATES ONLY
11. Check one:	diffun onti	Check one:	an on the transfer
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, and	20 must be *0) Pre-Convention	on
Outgoing Treasurer (within 10 days amend Statement of Organization)		Post-Convent	ion
12. Reporting period:	nbba won s	COLUMN A	COLUMN B
From: 1-1-2001 Through: 12-31-01		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	Religia year	0	
14. Cash on hand and investments January 1, current year.			0
CONTRIBUTIONS AND RECEIPTS	新知信显然		
(Note: these amounts include in-kind contributions and loans, as well as cash contri	outions.)		
15a. Itemized (use Schedule A)		5,900.00	5,900.00
15b. Unitemized		2,981.00	2,981.00
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	8.881.00	8,881.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES	TOTAL	8,001.00	8/801.00
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		1,904.30	1,904.30
17b. Unitemized	diny A "José	reported their and theories	adduction and the state of
17c. Add lines 17a and 17b in both columns	SUBTOTAL	1,904.30	11904.30
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both colu	Mns) TOTAL	6 001 70	6,976,70
	11112)	5,000.00	
19. Debts OWED BY the committee (use Schedule D)	_ tribution	-0	
20. Debts OWED TO the committee (use Schedule E)	and the second	-0	

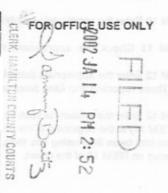
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I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)





State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page	6	of	2	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVE RECEIVED BY
GERALDING RIDGWAY 12558 HIGHLANDS PLACE	Contributions: Direct In-Kind (describe)	tings he to agent	ne goden tos ie instru antui	Herie
EISHERS, IN 46038 Contributor's Occupation (if required) RetIRED	Other Receipts: Interest Loan Misc (specify)	2,50.00	25000	5-15-01
CARL COOK	Contributions: Direct In-Kind (describe)	MRZETTO RO MINE MAY 25	ROTTUSER	10-11-01
9659 FARRAGUT CIRCLE INDIANAPOLIS, IN 46256 Intributor's Occupation (4 required) Retired	Other Receipts: Interest I Loan Misc (specify)	250.00	250.00	& Jevine
2. CHARLES A. PECHE-HE	Contributions: Direct In-Kind (describe)	calendar y	done to tro	11-5-01
1018 SARA TOGA CIRCLE INDIANAPOLIS, IN 46280 Contributor's Occupation (Frequired) ENTREPRENEUR	Other Receipts:	200.00	200.00	Jevine
WALTER F. KELLY	Contributions: Defrect In-Kind (describe)	CHEDULE A	PAGE OF S	12-29-1
FISHERS (IN 46038 Contributor's Occupation (f required) C.P.A.	Other Receipts: Interest Loan Misc (specify)	200.00	200.00	Juine
ARTHUR AND JUDY LEVINE 12538 High LAWDS PLACE FISHERS, IN 46038	Contributions: Direct In-Kind (describe)	5,000.00	5,000.00	gerine
Contributor's Occupation (if required) COUNCILOR DIST 2	Other Receipts: Interest D Coan Misc (specify)			8-31-01
SUB TOTAL T TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM 15a of the Summary		\$.5, 900.00 s		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVE
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figures, including in-tent, tracefagein or other receipts for this contributions, including in-eind, tracefage-in or other morfate.	Other Receipts: Interest □Loan □Misc (specify)	S PERSOD:	INTERNATION	O S MNUJE
A nervice of the same set the entry in Column A.	Contributions: Direct In-Kind (describe)	telmetes de	se la Joge	the form
ease or deposited in an account. For each contributions, the ember, 1901 when maked or deposited in an account the contribution for the committee. (10, 3-9-1-25)	Other Receipts:	manay order, if of cash is sec a committee	to sharts and to nacewed with Y: Enter B	one amplitudints
4. John to a series of the page of the property of the series of the ser	Contributions: Direct In-Kind (describe)	SCHEDUL LOFALL PA	IS PAGE OF	ET JATOTES
	Other Receipts: Interest Loan Misc (specify)	magh and rate	rock A duba	oe no supeque
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	Other Receipts: Interest □Loan Misc (specify)			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipt

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	2	of	2	_

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED B
1. Mike mupphy Committee	Contributions: Oirect In-Kind (describe)	o (candidate) e (candidate) e proport	ns brig ernen ik diminico kraišo No zesitsojen k	16-11-01
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2.	Contributions: Direct In-Kind (describe)	ola succes	rubulan eni	
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributior, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVE RECEIVED BY
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

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Page _	71	of	1	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURE

For Public Questions

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Page	of [

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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Enter Text of Public Question	PU	BLIC QUESTION INFORMATION		aldug all 10 b	de pro teur. No need to
Type of Question: Statewide LPosition: Supported Opposed	ocal				
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

Page

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS(if any) (street, number, city state, ZIP code	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDIN BALANCE THI PERIOD
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